

**Prison Health Services  
Inmate Informal Grievance**

Return To 12

Cortez B  
NAME

208921  
AIS #

6-B 28  
UNIT

8-7-06  
DATE

**PART A--Inmate Complainant**

Dear Ms. Wilson, this makes my three time complaining about nurse Bush. She is still mess with me. She intent give me proper medical help, and last week she made two inmate pick me up and put me back in the writing room, even though she knew that I was brought up there on stretcher. I know I'm in prison, but I don't think it's good for nurse bush and the other nurse's to be trying to tell officer on fifth shift to kill me. Like I told Sgt. Harger, my mother said, she don't find that fun at all, that time nurse's are trying to get me killed, just because I filed a suit against them, and because I come to the HCU complaining about my back pain. Please call me over to talk about this.

Cortez B  
INMATE SIGNATURE

**PART B - RESPONSE**

DATE RECEIVED 8-7-06

Mr. Boyd, you have been given the proper treatment. As we talked today, no one is trying to kill you, and I don't know where you got such an idea. You have an appt to see Dr. Daubouze today.

K. Wilson RN/HSA  
MEDICAL STAFF SIGNATURE

8-7-06  
DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Exh. 3 & A

AUG 7 2006